

JAN 14 2005

"Official" *AK***CERTIFICATE OF MAILING OR TRANSMISSION**

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Name (Print/Type)	Rose A. Lubich	Fax # (if faxed)	
Signature	<i>Rose A. Lubich</i>	Date	January 11, 2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/628,187  
 Applicant : Carl N. Zenz et al.  
 Filed : July 28, 2003  
 TC/A.U. : 3739  
 Examiner : Henry M. Johnson III

Confirmation No. 6096

Docket No. : 108154  
 Customer No. : 23490

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**TERMINAL DISCLAIMER TO OBVIATE A DOUBLE PATENTING  
REJECTION OVER A PRIOR PATENT**

Sir:

I, John G. Tolomei, residing at Lake Zurich, Illinois, represent that I am a representative authorized to sign on behalf of the assignee identified below owning all of the interest in the above-identified application.

**Identity of Assignee and Title of Disclaimant**

The assignee is UOP LLC  
 whose address is 25 East Algonquin Road  
 P.O. Box 5017  
 Des Plaines, IL 60017-5017

Disclaimant is an Assistant Secretary - Patent Matters of UOP LLC and is authorized to sign on behalf of assignee.

02/07/2005 LPUJLCH 00000005 10628187

01 FC:1814

130.00 00

01/18/2005 ZJUHR1 00000030 10628187

110.00 00  
01 FC:1999

1814 \$130

in the event that any such patent or application later expires for failure to pay a maintenance fee, is held unenforceable, is found invalid, is statutorily disclaimed in whole or terminally disclaimed under 37 CFR 1.321(a), has all claims cancelled by a reexamination certificate, or is otherwise terminated prior to expiration of its statutory term as presently shortened by any terminal disclaimer, except for the separation of legal title stated above.

**Fee Payment**

A fee transmittal form as well as authorization for credit card payment of the terminal disclaimer fee, are attached.

Respectfully submitted,

UOP LLC

Date: \_\_\_\_\_

4/11/05

By: \_\_\_\_\_

John G. Tolomei

John G. Tolomei

Assistant Secretary - Patent Matters

Registration No. 30,809

Arthur E. Gooding, Reg. No. 50,513  
Attorney for Applicants  
(847) 391-1520 (phone)  
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AEG/mml

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).

**FEE TRANSMITTAL**  
**For FY 2005****Complete if Known**

Application Number	10/628,187
Filing Date	July 28, 2003
First Named Inventor	Carl N. Zenz et al.
Examiner Name	Henry M. Johnson III
Art Unit	3739
Attorney Docket No.	108154

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 110.00**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
$\text{HP} = \text{highest number of total claims paid for, if greater than 20}$						
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
$\text{HP} = \text{highest number of independent claims paid for, if greater than 3}$						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
$\text{HP} = \text{highest number of independent claims paid for, if greater than 3}$				

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Fee Code 1814 Statutory Disclaimer

**Fees Paid (\$)**

110.00

**SUBMITTED BY**

Signature	<i>Arthur E. Gooding</i>	Registration No. 50,513 (Attorney/Agent)	Telephone 847-391-1520
Name (Print/Type)	Arthur E. Gooding	Date	Jan 16, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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